TREE REMOVAL PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT, PLANNING DIVISION

PLEASE TYPE OR PRINT LEGIBLY			
ADDRESS OF P	ROPERTY		
ASSESSOR'S P	ARCEL NUMBER		
PROPERTY OWNER	Phone(Bus.)(City(Home)(Zip
APPLICANT/ CONTACT PERSON	Address Phone(Bus.)(City(Home)()
Number of trees to be removed:Proposed			removal date:
Type and size of	trees to be removed (attach site plan showing location of tr	ees to be removed):
Property Owner	's Name (Print)	Property Owner's Signature	Date
OFFICE USE ONDENIEDAPPROVI	ED	WING CONDITIONS:	File noAccepted byApplication dateInspection date
2		Number:	
		nt and Bottom Hard White, Applicant)	Date